

**PRIORITY:**

# Reducing New Infections

Vaccines

Microbicides

Behavioral and Social Science

Treatment as Prevention

## AREA OF EMPHASIS

# Vaccines

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### FY 2014 RESEARCH PRIORITIES

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- Test a range of new concepts for inducing and maintaining effective immune responses both to prevent HIV transmission and to control HIV replication. Utilize combination approaches to engage relevant B-cell populations for long-term protective antibody production against the HIV envelope and to optimize appropriate cellular immune responses to HIV antigens that are able to eliminate HIV-infected cells.

In the past several years, new concepts have emerged for inducing broadly neutralizing antibodies to HIV. These new approaches need to be tested in the most appropriate preclinical models and moved forward to the clinic as rapidly as possible. To attain highly effective HIV vaccine-induced protection against infection and/or disease progression, continued support for the testing of truly novel alternative approaches to HIV vaccines is needed, in addition to building on concepts that have shown partial success. Comparative immune response studies using vectors incorporating various HIV antigen inserts with or without adjuvants will be aided by characterization of the complex cytokine and chemokine patterns induced by various vaccine constructs in nonhuman primates (NHPs) and human volunteers. Designs and strategies that trigger focused B-cell recognition of HIV envelope sites will be needed, as well as studies of immunogen designs that incorporate repetitive motifs, which may be required to induce potent and durable protective antibody responses. Studies of other host responses or factors in selected subsets of cells, especially in mucosal tissues, may enable improved assessment of vaccine-induced adaptive and innate protective responses.

- Develop and refine NHP models using simian/human immunodeficiency virus (SHIV) chimeras to evaluate immunity and breadth of protection induced by HIV envelope vaccine candidates. Dissect vaccine-induced responses in clinical trials and animal models in parallel, with an emphasis on protection from mucosal viral challenge.

With the continued need to explore vaccine concepts that induce strong protective antibody responses to HIV envelope, animal models that directly evaluate HIV envelope immunogenicity and subsequent protection from SHIV chimeric virus challenges need to be further refined. Improved surrogate simian immunodeficiency virus (SIV) models and animal models that can directly test HIV immunity also should be explored. Considering the limited number of transmitted/founder variants of HIV that appear to successfully establish infection, it is important to develop models that will examine transmission at different mucosal sites. SHIV models that can enable testing of diverse HIV envelope clades also need to be developed to study the breadth of protection achieved by different HIV vaccine approaches. It is of utmost importance to bridge animal models and clinical HIV vaccine studies during all phases, from product testing and immune analyses to defining correlates of protection, especially when NHP and/or clinical studies are partially effective.

- Develop clinical products and initiate expanded clinical trials to test HIV candidate vaccines with potentially improved immunogenicity and efficacy as rapidly as possible. Design and conduct immune correlate analyses with novel tools to confirm and improve upon the suggested correlates of risk observed in the HIV vaccine clinical trial of pox-vectored HIV antigens plus HIV envelope proteins conducted in Thailand.

Ongoing Phase I and Phase II HIV vaccine clinical trials will enable the advanced study of several additional candidate HIV vaccine products and vaccination strategies starting in 2015 and beyond. Efficacy trials will become increasingly large and complex with the further implementation of other partially successful prevention strategies, such as circumcision, antiretroviral treatment, and microbicides. Continued monitoring and engagement of potential cohorts with different modes of HIV transmission will be essential for rapid enrollment and conduct of clinical trials. It is essential that different populations be included in testing HIV vaccines to determine the limits and ability of various vaccine concepts to effect protection. Due to the expense and complexity of product development for clinical trials, it is essential for the National Institutes of Health (NIH) to engage in partnerships at multiple levels to enable the study of products that will test different vaccine strategies or potential correlates of immune protection.

- Support mentorship of early career investigators that bridge preclinical and clinical evaluation of HIV vaccines.

Since it will be necessary for continued HIV vaccine evaluation efforts through at least the next decade, it is essential that a new generation of scientists be trained and mentored by established senior investigators who can impart their knowledge of vaccine product development and testing. The purpose is to engage and retain the next generation of investigators who bring not only new ideas but also sustained commitment to vaccine development. To achieve these goals effectively, preclinical NHP investigators should be integrated into large clinical trial networks and programs that are already funded by the NIH. Only by supporting and mentoring these young scientists can the HIV vaccine field ensure their success.

## OBJECTIVE–A: Adaptive and Innate Host Defense Mechanisms

Increase scientific knowledge through basic research on protective immune responses and host defenses against HIV to facilitate the development of vaccines and other biomedical intervention strategies to prevent and/or control HIV infection.

### STRATEGIES

- Define the mechanisms underlying protective systemic and mucosal immunity to HIV and other closely related lentiviruses by pursuing research in models that will provide information directly relevant to HIV infection; this includes the following areas of interest:
  - ▶ Determine the mechanisms of immunologically mediated control of infection with HIV and other related lentiviruses, including the role of antigen-specific (adaptive) and antigen-nonspecific (innate) cellular and humoral immunity in inhibiting viral replication to provide a basis for optimal vaccine design.
  - ▶ Define the structure–function relationships and the antigenicity and immunogenicity of HIV envelope proteins, including transient or intermediate and conformational domains induced by virus interacting with CD4, chemokine, dendritic cell (DC) surface proteins and adhesion molecules, and other cellular receptors to improve vaccine designs to more effectively induce immune responses to block infection by active T-cell immunity and protective antibody.
  - ▶ Define and characterize viral B-cell and T-cell epitopes that induce protective immunity in HIV or AIDS-related disease; utilize structural analysis of the HIV envelope to determine whether and how their immunogenicity can be improved and exploited in vaccine development.
- Determine the mechanism of how HIV and closely related lentiviruses evade or escape from humoral and cellular, innate and adaptive immune responses; design vaccine approaches to prevent this; and define conserved epitopes in which genetic substitutions cannot be tolerated by the virus.
- Characterize pathways of antigen processing of HIV proteins, including envelope glycoproteins, for presentation by major histocompatibility complex (MHC) class I and class II molecules. Investigate the interaction of HIV proteins with antigen-processing mechanisms that enhance or inhibit specific epitope presentation to the immune system.
- Study the role of DCs in the induction of immunological memory and long-term protective function of different subsets of human lymphocytes in HIV-related disease and in response to vaccination.
- Define factors that favor establishment and maintenance of memory cells able to generate effective recall to vaccine antigens, particularly HIV and viral antigens of closely related lentiviruses, and development of long-term protective immunity, particularly in human subjects.
- Study the mechanism of action of vaccine adjuvants for HIV immunogens that enhance HIV or SIV antigen presentation to induce different cytokine or chemokine responses, innate immunity, and host factors; conduct comparative translational research of NHP and human vaccines.
- Determine how chronic infection with one strain of HIV or closely related lentivirus, including attenuated viruses, confers protection against subsequent infection or reduces viral replication of a second pathogenic virus strain. Define the properties of the virus and of the immune responses that are responsible for lack of disease induction by attenuated viruses and/or protection from challenge with related pathogenic virus, and determine the protective mechanism, duration, and extent of cross-protection.

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- Define the heterogeneity of specific responses to vaccine immunogens, specifically those derived from HIV, SIV, and SHIV, within diverse tissue compartments, and identify factors that confer protection from infection by various routes, including vaginal, rectal, oral, and parenteral exposure.
  - Determine which factors promote development of particular human anti-HIV effector cell types; promote production of antiviral substances, including chemokines; or enhance non-antigen-specific innate protective mechanisms.
  - Define the basis for adaptive, antigen-specific immune reactivity (humoral, cellular, and other) across divergent HIV types (clades and biological phenotypes or immunotypes); study clinical samples from human volunteers participating in HIV vaccine trials to determine the extent of cross-reactive immune responses that can be achieved with different candidate vaccines.
  - Determine whether HIV immune responses that can contribute to immune enhancement of viral replication *in vitro* can interfere with induction or propagation of vaccine-induced effector responses *in vivo*.
- Seek new clues for correlates of immune protection and vaccine design by studying HIV-infected or highly exposed but seronegative individuals across the lifespan, and SIV or SHIV NHP lentivirus models by conducting the following research:
    - ▶ Study acutely HIV-infected individuals and exposed/seronegative or possibly transiently infected humans (including uninfected children born to or breastfed by HIV-infected mothers, individuals with controlled therapy interruptions, HIV-infected individuals vaccinated with therapeutic vaccines while on antiviral therapy, and non-progressors) to define immune responses to HIV-1 and HIV-2, potential vaccine-inducible host immune responses, and viral factors (or viral attenuations) or host factors that enhance or reduce the amounts of circulating virus and influence disease course.
    - ▶ Elucidate the functional mechanisms for protective immunity against HIV, SIV, and SHIV, including identification of specific responses by passive transfer of antibody or immune cells and deletion of selected immune subsets in NHP models.
    - ▶ Investigate the sequence of events required for mucosal transmission/infection of HIV, SIV, or SHIV at different portals of entry to define how and where specific immune effector mechanisms can impede viral entry and/or prevent establishment of infection.
    - ▶ Study mucosal immunity to HIV and SIV antigens and other infectious pathogens being used as HIV vaccine vectors in relevant animal models and humans to develop optimal vaccine strategies for HIV antigen delivery and effective immune-based prevention of HIV transmission.
    - ▶ Acquire clinical specimens from populations relevant to HIV vaccine trials for laboratory studies; explore the molecular epidemiology, humoral, and cell-mediated immune responses to HIV-1 and their relationship to class I and class II MHC alleles; and define constraints on HIV evolution under immune selection pressure so as to guide vaccine development. Acquire appropriate, linked, epidemiological information to optimize interpretation of these analyses.
    - ▶ Explore genome-wide association studies, in addition to targeted genetic analyses, to reveal novel viral protection/control mechanisms, particularly those that may be manipulated or may inform HIV vaccine studies.
    - ▶ Monitor the effects on immune activation with intercurrent sexually transmitted diseases (STDs), malaria, tuberculosis (TB), hepatitis B and C, human papillomavirus (HPV), and other infectious diseases, and with administration of drugs of abuse or effects of antiretroviral therapy (ART) on HIV shedding in vaccinated subjects. Model these confounding elements in NHPs.
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- Develop *in vitro* experimental approaches for analysis of HIV vaccine responses that will combine sensitivity, specificity, high throughput, and the ability to use small sample volumes; develop *in vitro* and *in vivo* tools to study systemic and mucosal immune mechanisms of control of virus for analysis of vaccinated individuals (across the lifespan) and animals protected against SIV or SHIV by undertaking the following research activities:
    - ▶ Develop and improve NHP animal models of lentivirus infection that are practical and representative of the spectrum of HIV infections and development of AIDS, including use of appropriate HIV cellular receptors and different modes of transmission; develop genetically defined and histocompatible NHP models to facilitate immune cell transfer studies; in general, make models amenable to use in evaluating protection by vaccines and other biomedical interventions. This may be approached, in part, by genetic sequencing of selected regions of NHP genomes.
    - ▶ Establish cryo-repositories of cells isolated from NHP tissues (including blood, primary lymphoid organs, and mucosal specimens) from immune-naïve, HIV- or SIV-vaccinated, or SHIV- or SIV-infected animals to provide a resource for assay development in parallel with human studies.
    - ▶ Develop improved methodologies and assays to measure HIV neutralization; explore the mechanisms of virus neutralization and the reason(s) for the relative difficulty to neutralize primary HIV isolates.
    - ▶ Develop and standardize immunological reagents for HIV vaccine trials; standardize cell, fluid, and tissue processing to ensure viability and maintenance of functional capacity of cells and stability of factors in serum, plasma, and culture supernatants; and develop quality control procedures for collecting, processing, freezing, storage, recovery, viability, shipping, and tracking of samples that will be essential in large-scale HIV vaccine clinical trials.
    - ▶ Study the function of HIV or SIV-specific CD4 T cells, CD8 T cells, and viral suppressive immune responses; develop and adapt high-throughput assays with specificity for primary HIV isolates; and make available those reagents required for HIV vaccine-related studies. Develop and utilize system biology approaches, including functional genomics to characterize vaccine-induced protective immune responses.
  - ▶ Develop or improve sensitive quantitative measures of HIV or SIV in body fluids and low-level tissue reservoirs, including genital secretions, oral fluids, and breast milk, to assess the effectiveness of vaccines designed to lower viral load and interrupt transmission or prevent disease progression.
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## OBJECTIVE–B: Vaccine Design, Development, and Animal Testing

Design HIV antigens, adjuvants, immunomodulators, and vaccine delivery methods that elicit long-lasting protective immune responses against a broad range of HIV isolates by applying findings from basic, epidemiologic, and clinical research; facilitate development and preclinical evaluation of vaccine strategies in laboratory studies and animal models; and foster early and continued collaboration between academicians, other Government agencies, nongovernmental organizations (NGOs), and industry in the research and development of candidate vaccines to test a broad array of vaccine concepts and combinations of different approaches for development of potential HIV vaccine products, including vaccines for particular populations such as breastfeeding infants, adolescents, and women.

### STRATEGIES

- Multiple parallel approaches to development and testing of candidate HIV and AIDS vaccines will be investigated to provide complementary and comparative preclinical data on safety and immunogenicity questions about HIV vaccines. Such studies should achieve the following:
  - ▶ Support the design, development, production, and testing of novel active and passive HIV and AIDS vaccine candidates for safety and for their ability to elicit appropriate antiviral immune responses. This may include, but is not limited to:
    - Virus-like particles containing one or more virus proteins, peptides, or antigens;
    - Whole-inactivated HIV rendered noninfectious by chemical and/or genetically engineered deletions of pathogenic viral elements;
    - Naturally occurring and genetically engineered, live-attenuated strains of HIV;
    - DNA or RNA coding for viral proteins;
    - Live, recombinant viral and bacterial vectors engineered to express one or more HIV proteins, with attention to vectors that might provide dual benefit for HIV and some other pathogen or to vaccine vectors that target mucosal immune responses;
    - Viral replicons or other immunogen strategies designed to target DCs;
  - Recombinant HIV envelope protein subunits produced by a variety of methods, with an emphasis on retention or exposure (e.g., through deglycosylation) of critical nonlinear or conformational structural epitopes for induction of effective antibody responses;
  - Structurally constrained HIV envelope fragments, peptides, mimetopes, or complex peptides capable of inducing and boosting cellular or humoral immunity to HIV;
  - Antibodies or other virus-neutralizing molecules, delivered by passive transfer or by a recombinant vector; and
  - Cell surface components carried on the viral surface.
- Foster collaborations between academic investigators, industry sponsors, the NIH, the Food and Drug Administration (FDA), other Government agencies, and NGOs on research and development of novel vaccine design concepts. These collaborations should:
  - ▶ Enable production of pilot lots of HIV vaccine candidates for testing in NHPs and human subjects. When necessary, the NIH will provide clinical-grade products produced under Good Manufacturing Practice and ensure that products meet these regulatory standards;

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- ▶ Develop programs to design and conduct comparative testing of vaccine approaches with industry and academic partners that will permit long-term followup to assess disease progression in animal models; and
  - ▶ Develop infrastructure; address scientific, legal, ethical, and regulatory issues to foster and encourage participation by, and collaboration among, academic investigators, industry, affected communities and populations, and other agencies involved in the research, development, production, and clinical testing of candidate vaccines.
  - Foster the development of HIV vaccines to optimize characteristics appropriate for broad international use, including designs exhibiting low cost with ease of production, stability, and ease of administration. This may include:
    - ▶ Combined use of two or more vaccine strategies with mixed modalities to boost the same component and/or to engage different arms of the immune response; and
    - ▶ Multivalent vaccine candidates incorporating different genetic clades and/or antigenic types to increase the breadth of immune responses.
  - Support HIV vaccine design and development, incorporating methods to improve or modulate vaccine-elicited immune responses (qualitatively or quantitatively), including:
    - ▶ Novel adjuvants and delivery methods that might enhance effective DC presentation of HIV or SIV antigens;
    - ▶ Agents that stimulate or modulate innate and mucosal immune responses to HIV or other host defenses, including cytokines or chemokines;
    - ▶ HIV or SIV vaccines formulated with cytokines or incorporating cytokine genes or other biologically active molecules in vectors to improve the avidity of T cells and/or the functional activity of antigen-specific T cells; and
    - ▶ Other novel strategies, including nutritional supplementation and treatment of underlying infections and/or diseases that might have an impact on HIV vaccine responses.
  - Evaluate the efficacy of HIV or SIV vaccine candidates and other immune prevention strategies in NHP animal models of HIV and closely related lentiviruses by:
    - ▶ Testing HIV or SIV vaccine candidates and other biomedical prevention strategies in animal models that most closely mimic HIV infection in humans;
    - ▶ Determining *in vitro* correlates of an *in vivo* protective immune response generated by HIV or SIV vaccines;
    - ▶ Determining the effect of HIV or SIV vaccine formulation, site of delivery, and regimen, as well as the nature, timing, phenotype, and route of infectious SIV or SHIV challenge, on the effectiveness of the vaccine-induced immunity;
    - ▶ Defining the impact of different HIV or SIV vaccine approaches on the kinetics of immune responses; kinetics and localization of viral replication, including long-term followup of disease progression in the presence of low-level chronic infection and concomitant diseases (e.g., TB, hepatitis, or autoimmune diseases); and biologic characteristics of breakthrough virus, including transmissibility;
    - ▶ Determining the impact of genetic factors, age, and concurrent prophylactic ART or topical microbicides on HIV or SIV vaccine responses and on protection against virus at various challenge sites; and
    - ▶ Studying the efficacy of the HIV or SIV immune response in view of viral variation.
  - Investigate HIV or SIV vaccines and other biomedical prevention strategies with attention to potential factors such as integrity of the mucosal surface, changes in vaginal/cervical epithelium during puberty, hormonal changes during pregnancy, use of contraceptives or hormone replacement therapy, and presence of STDs; wherever possible, study potential concomitant effects on the genital tract immune responses and how inflammatory activity may compromise the integrity of the mucosal surface or the inductive ability of HIV vaccines.
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- Support development of reagents and standardized methods to assess specific HIV or SIV vaccine-induced immune responses in NHP animal models and humans, including infants, for both humoral and cellular aspects of systemic and mucosal immunity. This includes:
    - ▶ Developing and refining assays to distinguish between serological and cellular responses due to immunization versus those due to HIV, SIV, or SHIV infection;
    - ▶ Characterizing and evaluating potential negative side effects of candidate HIV or SIV vaccine designs, including the potential to increase the susceptibility to infection or the rate of disease progression in NHP animal models;
    - ▶ Standardizing and validating assays to assess the potency of candidate HIV vaccines;
    - ▶ Standardizing and validating assays to be used as Phase III study endpoints; and
    - ▶ Developing novel endpoint assays under conditions of Good Laboratory Practice to support eventual product licensure and instituting quality assurance programs to assure sponsors and vaccine manufacturers that the facilities, equipment, personnel, methods, practices, records, and controls are in conformance with FDA regulations.
  - Foster research on the attributes of candidate HIV and AIDS vaccines in development that may raise safety and regulatory concerns such as:
    - ▶ Immunogens produced utilizing human-derived tumor cell and other continuous cell lines;
    - ▶ Vectors that have the potential to integrate into the host chromosome or have the potential for chronic expression;
    - ▶ The ability to be generated as either replicating or non-replicating vectors;
    - ▶ The potential to cause autoimmunity or suppression of immunity, or to generate highly immunogenic antivector responses;
    - ▶ The ability to increase the risk of HIV infection through vector-specific activation of T cells or other vaccine-induced enhancement of infection; or
    - ▶ Expression of potentially harmful vector proteins.
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## OBJECTIVE–C: Active and Passive Pediatric Vaccines

Identify mechanisms of protective immunity to HIV in newborns and infants, and support the development of distinct study designs for safe and effective vaccine strategies and passive immune interventions, alone or in combination with other interventions, for preventing or controlling HIV infection in this population worldwide.

### STRATEGIES

- Investigate the unique immune status and develop immune interventions in both pregnant women and infants to interrupt HIV transmission. Active and passive HIV vaccine strategies should be modeled and evaluated, particularly in infants, in parallel to studies in uninfected adults. To accomplish this goal, it is important to develop research that will achieve the following:
  - ▶ Develop relevant NHP animal models of maternal–fetal and maternal–infant perinatal transmission of HIV, SIV, or SHIV that can:
    - Determine the preclinical safety and immunogenicity of various HIV vaccines and adjuvants, particularly in pregnant and newborn primates;
    - Determine the safety of various monoclonal and polyclonal antibody preparations against HIV;
    - Determine the best immunization routes or protocols to induce antibodies to HIV in milk and other secretions;
    - Evaluate NHP infant cellular and humoral immunity to HIV or SIV in the context of breastfeeding from a SHIV- or SIV-infected mother, and determine immune correlates of protection for potential exploitation in vaccine strategies;
    - Evaluate the efficacy of vaccines and passive immunotherapy for prevention of perinatal or breastfeeding HIV transmission; determine whether there is attenuation of disease progression among neonatal animals that become infected despite immune intervention; determine correlates of protective immunity; and
  - Evaluate the effect of ART in combination with immune prevention strategies.
  - ▶ Determine virologic and non-immunologic/genetic host factors that influence transmission of HIV-1 from mother to infant that would have an impact on selection of viral antigens for the design of an HIV vaccine or for identifying the target of immune-based intervention to prevent perinatal transmission. This includes:
    - Determining the importance of viral load and viral phenotypes and genotypes in perinatal or early infant HIV transmission and what additional viral factors are associated with differences in perinatal transmissibility;
    - Developing standardized methods to collect specimens and to detect, characterize, and quantify HIV in cervicovaginal secretions and in breast milk to determine their potential relevance in mother-to-child transmission (MTCT); and
    - Determining if HIV in maternal genital secretions or breast milk is distinguishable from virus found in blood and which type is transmitted from mother to fetus and mother to infant.
  - ▶ Identify maternal and infant immune responses that may control HIV replication in either the mother and/or the infant and prevent transmission of HIV or establishment of infection in infants, particularly in breastfeeding infants.

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- Define immune approaches that will provide specific and sustained protection against HIV or SIV transmission; develop the products necessary to achieve these goals; and develop the capacity to evaluate their safety in human subjects. This research includes the following activities:
    - ▶ Determine specific immune strategies for perinatal intervention that blocks interaction of HIV or SIV with its receptors and coreceptors and/or that targets infected cells.
    - ▶ Characterize the transmitted viral strains and monitor changes that may occur in proposed HIV vaccine trial sites; evaluate the impact that genetic polymorphism in different racial or ethnic backgrounds may have on receptor usage or immune responsiveness.
    - ▶ Evaluate, in Phase I and Phase II studies, the safety and immunogenicity of various HIV vaccines, adjuvants, vaccine administration regimens, and the pharmacokinetics of passive antibody preparations among HIV-infected pregnant women and newborns exposed to HIV *in utero* and/or intrapartum, as well as breastfeeding infants exposed to maternal HIV.
  - Test the safety and efficacy of active and passive HIV vaccine interventions alone or in combination with other modes of intervention, particularly in international settings with high seroprevalence. This testing includes the following activities:
    - ▶ Identify and characterize the important issues to consider in the feasibility and development of criteria for advancement of candidate HIV vaccines, adjuvants, and passive antibody preparations from Phase I and Phase II to Phase III clinical trials in pregnant HIV-infected women and/or HIV-exposed children. These criteria may include evidence of therapeutic effectiveness in mothers in addition to prevention of infection in HIV-exposed children or adults.
    - ▶ Develop the capacity in domestic and foreign trial sites necessary to enroll mothers and infants in trials of both preventive and therapeutic HIV vaccines, passive immunity, and other perinatal interventions with prospective long-term followup. For vaccines, this should include the assessment both of duration and breadth of detectable humoral immune responses and of memory or recall responses in the cellular immunity compartment(s).
  - ▶ Conduct Phase III clinical trials for evaluation of efficacy of the most promising candidate HIV vaccines and/or passive antibody preparations that meet established criteria in pregnant HIV-infected women and/or children exposed to HIV.
  - ▶ Develop criteria to define infant HIV infection status as a perinatal intervention trial endpoint in countries where breastfeeding is recommended despite maternal infection status, including type of diagnostic tests, timing of the tests, length of followup, and adherence to followup visits.
  - ▶ Study HIV isolates and the immune response in infants who become infected despite administration of active and/or passive immunization to evaluate the effects of immune intervention on the characteristics of transmitted (escape) virus and on the quality, quantity, and timing of the infected infant's antiviral responses.
  - ▶ Study the impact of early ART interventions on HIV vaccines, or passive antibodies administered while on effective ART, on the maintenance or regeneration of naive T cells and antiviral immune responses in HIV-infected infants.
  - ▶ Characterize transmitted viruses obtained from infants and children receiving vaccines or passive antibodies for prevention of MTCT to establish the timing of transmission or establishment of productive infection.
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## OBJECTIVE–D: Conduct Phase I, Phase II, and Phase III Vaccine Clinical Trials

Conduct Phase I, Phase II, and Phase III trials for safety, immunogenicity, and efficacy with suitable candidate HIV vaccines or concepts in domestic and international settings.

### STRATEGIES

- Support the conduct of Phase I, Phase II, and Phase III HIV vaccine clinical trials that will determine short- and long-term safety; immunologic responses measured by a broad range of humoral, cell-mediated, innate, and mucosal immune parameters; and the efficacy of different preventive vaccine candidates. This includes the following:
  - ▶ Develop and implement strategies to coordinate studies in NHPs with clinical trials so that data from NHP studies inform decisions about clinical trials and data from clinical trials can be used to improve NHP animal models.
  - ▶ Design and conduct Phase I and Phase II trials using promising HIV vaccine candidates. Trials should determine safety, test immunogenicity of vaccine candidates, and address questions about optimal vaccine strain/gene insert selection (i.e., the properties of a strain [immunologic, genotypic, or phenotypic]) that make it optimal for use in a selected population. The feasibility of trials to test concepts of immune prevention and control by antibodies may be explored via passive administration of antibodies. Vaccine trials should include an appropriate representation of the general population (gender, age, and ethnic and racial minorities), particularly including understudied populations affected by HIV, such as women and adolescents, and should be of an appropriate size to provide data on the frequency, magnitude, and breadth of immune responses to facilitate decisions regarding initiation and evaluation of larger test-of-concept (TOC) or efficacy trials.
- Develop a comprehensive plan for conducting HIV vaccine trials with rapid accrual, high retention, and adequate long-term followup of vaccines to reach predefined endpoints, as follows:
  - ▶ Conduct research into methods to effectively recruit and retain diverse populations into HIV vaccine trials.
  - ▶ Prepare for adequate long-term followup of volunteers in HIV vaccine clinical trials to determine the durability of immune responses and protection, immune correlates of protection, long-term safety, behavioral factors that may influence adherence of followup visits, the impact of participation on risk-taking behavior, and vaccine-related reduction (or enhancement) of disease progression and HIV transmission.
  - ▶ Conduct collaborative, large-scale efficacy trials of preventive HIV vaccine candidates that have proven promising, safe, and immunogenic in Phase II trials and that meet appropriate criteria by:
    - Evaluating HIV vaccine candidate efficacy against HIV infection, disease progression, and/or transmission;
    - Evaluating additional virologic, immunologic, and behavioral outcomes, particularly potential correlates of protective immunity against HIV;
    - Ensuring that HIV vaccine trials are conducted with the highest regard for social, legal, and ethical standards and in populations that reflect the racial and ethnic burden of HIV disease, also including women and adolescents;
    - Ensuring access to achievable, sustainable, and culturally appropriate best practices to prevent HIV exposure; and
    - Developing, adapting/modifying, and coordinating educational and information programs about HIV and HIV vaccines suitable for the individual participants and communities of different ethnic, racial, age (adolescents), and cultural backgrounds who will be involved in trials.

- ▶ Characterize the clinical course, detailed immune responses, and other characteristics of vaccines (e.g., behavioral risk of infection) in those who become HIV-infected; isolate and characterize viral isolates from participants in vaccine trials with intercurrent HIV infections to explore the possible effects of vaccination on the characteristics of escape (transmitted) viruses.
- Explore innovative trial designs to improve the efficiency of HIV vaccine efficacy studies (e.g., determine the impact of HIV vaccines by studying initially concordant HIV-uninfected couples at high risk or discordant couples or by studying subsequent transmission from vaccinated individuals who become infected after administration of the trial vaccine to new partners identified through partner tracing). This includes the following areas of trial design research:
  - ▶ Consider the use of secondary endpoints, particularly immune correlates of protection, surrogates of disease progression, clinical outcomes, and the benefit of long-term followup.
  - ▶ Encourage linkage between vaccine preparedness studies in high-risk populations and other research activities, including research on TB and STDs.
  - ▶ Utilize information from trials of other biomedical and behavioral interventions to consider novel trial designs (including, but not limited to, factorial designs and cluster-randomized designs) and the timing and impact of data from other trials on HIV vaccine trial design and conduct.
  - ▶ Consider the impact of prophylactic or early ART on HIV infections in complex vaccine trial designs.
  - ▶ Continue to use existing strategies to avert social harm and develop additional strategies to complement existing mechanisms at the local and national levels to reduce the risk of social and economic harm to volunteers in Phase I, Phase II, and Phase III HIV vaccine trials, particularly to vulnerable populations of women and adolescents, and assist in providing solutions.
- ▶ Conduct behavioral risk assessment research in all appropriate subgroups during HIV vaccine trials, particularly with Phase II, TOC, and Phase III trial participants, to identify and evaluate any changes in risk behavior as a result of participation in an HIV vaccine trial; develop, test, and ensure access to interventions to prevent high-risk behaviors; conduct behavioral research with specific emphasis on individuals who become infected during trials to identify interventions that may prevent high-risk behaviors in future trials or application of HIV vaccines.
- ▶ Closely coordinate the evaluation of research findings on prophylactic AIDS vaccines with preclinical vaccine research and HIV immunotherapeutic interventions to facilitate and expedite translation of basic research to clinical practice.

## OBJECTIVE–E: Research and Preparation for HIV Vaccine Clinical Trials

Develop strategies, infrastructure, and collaborations with researchers, communities, other U.S. Government agencies, other governments, international and domestic NGOs, and industry that are necessary to ensure adequate performance of HIV vaccine trials, while balancing the prevention needs of the at-risk populations, including women and adolescents; identify domestic and foreign populations; and perform necessary research to define seroincidence and viral subtypes and to determine and optimize the feasibility of vaccine studies in appropriate cohorts or populations.

### STRATEGIES

- Identify and develop potential domestic and foreign sites with a high HIV seroincidence and improve access to populations at high risk for acquiring HIV infection, where vaccine or other prevention research activities may be feasible. This includes the following activities:
  - Track the course of the epidemic by applying newer epidemiologic tools for estimating the HIV incidence in various populations with documented high-risk behaviors in the United States and worldwide; improve methods to identify and evaluate emerging risk groups and those groups most likely to be informed, willing, and able participants in HIV vaccine clinical trials.
  - Identify and address barriers to participation in clinical trials among all at-risk groups, so that all relevant populations, especially women and adolescents, are included in HIV vaccine clinical trials.
  - Develop and apply new laboratory diagnostic tools, including rapid, point-of-care tools, that can be adapted for high throughput to detect, characterize, and amplify virus in blood and mucosal fluids from individuals with new HIV infections and allow distinction between vaccines and infected individuals.
  - Analyze MHC genetic differences and other relevant genetic or medical factors of populations at potential trial sites that may affect the qualitative or quantitative levels of immune responses to candidate HIV vaccines, susceptibility to infection, control of virus peak and setpoint, and disease progression.
- Acquire and analyze HIV isolates from mucosal sites, as well as blood from recently infected individuals' representative of potential efficacy trial populations, so that genetic and antigenic information about viruses being transmitted in the population can be obtained.
- Develop and maintain the necessary immunology and virology laboratory infrastructure for conducting domestic and international HIV vaccine efficacy trials. This includes education and training of personnel from international sites hosting vaccine trials; development of laboratory infrastructure; standardization of assays and development of panels of geographic-specific reagents composed of local, indigenous HIV-positive and HIV-negative samples, as well as peptide reagents to serve as controls when validating and standardizing assays that will be used in support of clinical trials in that region; and participation of trained personnel in studies related to the trial.
- Establish, build, and maintain linkages with communities and community organizations where vaccine clinical trials may be conducted to optimize education, recruitment, and followup activities; consider and address community concerns and social issues, and ensure ethical conduct of HIV and AIDS vaccine efficacy trials. This includes the following:
  - ▶ For all HIV vaccine clinical trials, enlist participation of local representatives or community advisory boards (CABs) in the development of appropriate clinical trial protocols as well as responsive mechanisms to inform and educate the participating individuals; establish networks within the community that will effectively, and on a continuing basis, address the social and medical

concerns of the participants; establish mechanisms to provide ongoing information and open discussions concerning the scientific rationale and public health need for the study.

- ▶ Develop mechanisms (including CABs) to engage in collaboration and to provide education and the means to inform communities about HIV vaccines on a continuing basis so that social as well as medical concerns are addressed; establish trust in the community through open discussions of scientific rationale, expectations, and concerns.
- ▶ For international vaccine trials, in addition, work closely with national (host) governmental and regulatory authorities, collaborating institutions or agencies, local community representatives, vaccine manufacturer(s), the World Health Organization, the Joint United Nations Programme on HIV/AIDS, and the Global HIV Vaccine Enterprise to prepare for, plan, and conduct HIV vaccine trials adhering to the highest ethical and scientific standards.
- ▶ Support the education of local CABs and local institutional review boards on issues concerning the conduct of HIV vaccine clinical trials in their communities.
- In collaboration with Government agencies, institutions, NGOs, and communities being identified as potential collaborators, explore behavioral and social issues and prevention activities (e.g., circumcision, microbicides, pre- or postexposure prophylaxis, anti-herpes simplex virus treatment, HPV vaccine, and breastfeeding strategies) that may have a substantial impact on either the design or the conduct of an HIV vaccine clinical trial. This includes the following research that will:
  - ▶ Evaluate other biomedical and behavioral interventions that could prove beneficial in decreasing the incidence of HIV infection in one or more populations identified for future vaccine efficacy trials; address their potential impact on the evaluation of HIV vaccine efficacy.
  - ▶ Conduct behavioral research in populations at high risk for HIV infection to determine, for example, appropriate risk-reduction interventions and to estimate risk behavior and recruitment, adherence, unblinding, and retention strategies pertinent to the design and execution of a successful vaccine efficacy trial, especially for populations that have been historically underrepresented in clinical trials and where the HIV epidemic is expanding disproportionately.
- ▶ Identify and develop strategies to involve the populations with highest risk for HIV transmission in different communities; particular attention should be given to high-incidence populations of adolescents and young persons.
- ▶ Develop research that anticipates and addresses effectively the potential adverse or unintentional effects of biomedical advances in HIV prevention (vaccines, microbicides, rapid testing, etc.), including behavioral disinhibition or increases in risk behavior such as failure to use condoms in sexual encounters, which may offset gains in prevention.
- ▶ Collaborate with other U.S. Department of Health and Human Services agencies and community-based organizations to develop education programs to facilitate the conduct of Phase III HIV vaccine clinical trials in hard-to-reach populations in domestic sites; collaborate with the U.S. Military HIV Research Program, Centers for Disease Control and Prevention, U.S. Agency for International Development, and other organizations to develop vaccine clinical trial sites in international settings.
- ▶ Evaluate the impact of community-based participatory research in the acceptability of HIV vaccine clinical trials.
- ▶ Develop appropriate communication strategies involving affected communities in the process of testing HIV vaccines and prepare for the eventual integration of preventive vaccines into comprehensive prevention and care programs in the United States and in countries where HIV vaccine clinical trials are conducted.
- ▶ Assess possible adverse social, economic, behavioral, or legal consequences of participation in vaccine clinical trials; develop broadly applicable strategies for mitigating potential harm.

- ▶ Optimize methods of achieving informed consent for HIV vaccine efficacy trials in different populations.
- ▶ Design comparative effectiveness research to evaluate vaccine candidates independently or in the context of other various biomedical and behavioral interventions.
- Develop tools to enhance recruitment, training, and retention of new investigators and staff involved in conducting HIV vaccine research globally.

## AREA OF EMPHASIS

# Microbicides

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### FY 2015 RESEARCH PRIORITIES

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- Develop, maintain, and advance a sustainable and diverse pipeline of antiretroviral (ARV) and non-ARV-based microbicide candidates and multipurpose prevention technologies (MPTs) that prevent HIV, HIV and other sexually transmitted infections (STIs), and HIV and pregnancy.
- Develop standard pharmacokinetics (PK) and pharmacodynamics (PD) correlates of effectiveness and safety for microbicides and MPT studies.
- Develop and incorporate new technologies to bridge animal and tissue models and human studies in HIV research.
- Develop, standardize, and validate biomarkers and other tools for the assessment of sexual activity and the assessment and enhancement of adherence in microbicides and MPT studies.
- Determine the changes that occur in the genital tract, anal/rectal mucosa, and mucosal microenvironment that affect HIV acquisition and transmission in men and women across the lifespan and the factors including exogenous and endogenous hormones that affect those changes.
- Develop and implement community participatory approaches to microbicide and MPT research.

## OBJECTIVE–A: Basic Mechanisms of Mucosal Transmission

Elucidate basic mechanisms of HIV transmission and protection for virus and host factors at mucosal surfaces important for the development of microbicides and MPTs.

### STRATEGIES

#### Basic Biological and Physiological Research Related to Microbicides, Including MPTs

- Identify, investigate, and characterize viral and host targets important for the early transmission and dissemination of HIV in the genital tract and the anus/rectum.
- Apply systems biology approaches to better characterize the physiologic and immune function of genital and anal/rectal immune and mucosal epithelial cells.
- Study the interactions between candidate microbicide candidates and the innate and adaptive genital and anal/rectal microenvironment, HIV viral population dynamics, and mucosal secretions and epithelial surfaces that enhance susceptibility to or protect against HIV transmission and acquisition.
- Study the genital tract and anal/rectal changes that occur during intercourse and discern how they affect HIV transmission, acquisition, and susceptibility, as well as the safety, effectiveness, acceptability of, and adherence to microbicides.
- Study the factors involved in HIV entry, transport, and dissemination in humans, *ex vivo* tissue, and nonhuman primate models of infection.
- Determine the role of viral phenotype, genotype, clade, and resistance patterns on the transmission efficiency of cell-free and cell-associated HIV in secretions and tissues in the genital tract and anus/rectum.
- Investigate the effect of variations in male and female endogenous and exogenous hormonal status on HIV susceptibility, transmission, acquisition, and prevention and the possible impact on ARV and non-ARV product metabolism across the lifespan.
- Investigate sex, gender, geographical location, and other underlying differences that may affect the mucosal microbiome and HIV susceptibility, transmission, and acquisition.
- Study the impact of pregnancy physiology on the genital and anal/rectal mucosal microbiome, innate and adaptive immunity, immune activation, and on HIV susceptibility, transmission, acquisition, and prevention.
- Establish *in vitro* and *in vivo* models to study the impact of other STIs on the biology of HIV transmission and on microbicide efficacy.
- Study the effect of remote and current sexual violence on HIV susceptibility, transmission, and acquisition.

## **OBJECTIVE–B: Discovery, Development, and Preclinical Testing**

Support the discovery, development, and preclinical evaluation of ARV and non-ARV-based microbicide and MPT candidates.

### **STRATEGIES**

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#### **Microbicide, Including MPT, Development and Preclinical Studies**

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- Discover, develop, and advance antimicrobial and contraceptive microbicide candidates to maintain a diverse and sustainable pipeline of products.
- Develop, standardize, and validate methods and algorithms to assess the antimicrobial and contraceptive activity of microbicide candidates.
- Develop, standardize, and validate new technological approaches and biomarkers to document microbicide safety, efficacy, and adherence.
- Determine the response of the microbiome to microbicide candidates; sexual activity, including violence; HIV; and other sexually transmitted diseases.
- Conduct preclinical pharmacologic and virologic evaluations of microbicide candidates alone and under diverse biologic conditions, including STIs, physical trauma, and endogenous and exogenous hormone exposure.
- Identify the efficacy and toxicity relationships between preclinical model systems and allometric dose scaling requirements for topical agents.
- Facilitate the advancement of microbicides through the preclinical pathway by supporting studies that meet the Good Laboratory Practice (GLP) and Good Manufacturing Practice (GMP) requirements for strategy design and scale-up.
- Determine the optimal safety assays for screening microbicide candidates.

## **OBJECTIVE–C: Formulations and Modes of Delivery To Optimize HIV Prevention**

Develop and evaluate safe, acceptable, and effective formulations and modes of delivery for ARV- and non-ARV-based microbicides and MPTs.

### **STRATEGIES**

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#### **Formulations and Drug Delivery Strategies (DDS) Supporting the Targeted and Sustained Delivery of Microbicides, Including MPTs**

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- Develop and optimize microbicide formulations and delivery systems to be used in concurrence with or independent of coital activity that minimize toxicity and maximize product acceptability, adherence, and effectiveness.
- Identify and validate methods that improve the understanding of rheological and physical properties of microbicide candidate formulations and their impact on product acceptability and adherence before, during, and after intercourse.
- Evaluate the interaction of cultural and coital practices among men, women, and transgender individuals on the physiology, rheology, and safety of microbicide candidates.
- Discover, develop, and validate methodologies to evaluate DDS and the formulation of individual and combination microbicide products.
- Identify GMP requirements and tests needed to ensure candidate microbicide product stability, longevity, and shelf life.

## OBJECTIVE–D: Conduct Microbicide and MPT Clinical Trials

Conduct clinical safety and efficacy studies on candidate microbicides and MPTs that include assessments of acceptability and adherence.

### STRATEGIES

#### Clinical Trials of Candidate Microbicide and MPT Products

- Identify communities in which to conduct microbicide and MPT clinical trials with adequate HIV and other STI incidence in domestic and international settings,
- Develop, implement, and evaluate novel HIV and other STI testing assays and incidence assessments to support clinical studies.
- Study the systemic and local PK and PD of microbicides in multiple formulations and delivery systems and the effect of intercourse and other physical and biologic alterations on PK and PD.
- Identify biological, behavioral, and sociocultural factors that influence effectiveness, adherence, and outcomes in microbicide clinical trials.
- Assess and integrate community-level cultural beliefs, practices, and expectations in the design, development, and implementation of microbicide clinical trials.
- Develop and optimize systems to more rapidly and accurately measure and enhance adherence in microbicide clinical trials.
- Optimize strategies to recruit and retain participants in clinical studies who are representative of HIV-affected and at-risk populations. Investigate the differences between trial participants and the general population in a clinical trial community that may affect Phase IV clinical effectiveness.
- Develop and implement the use of standardized biological and behavioral measures to facilitate the combination and comparison of data from different microbicide studies.
- Conduct clinical bridging studies in HIV-infected and uninfected populations, including adolescents; lesbian, gay, bisexual, and transgender (LGBT) individuals; and women who are pregnant, breastfeeding, peri- or postmenopausal, or over the age of 50; to evaluate the PK, safety, and acceptability of and adherence to microbicide candidates.
- Conduct Phase IIB and Phase III studies designed to test the effectiveness of candidate microbicides and combined prevention approaches.
- Define and develop plans to address the ethical, legal, and regulatory challenges inherent in the inclusion of younger adolescents, LGBT individuals, and pregnant or lactating women as participants in microbicide research.
- Conduct followup research with participants who seroconvert while participating in microbicide clinical trials to assess the impact of product use on HIV pathogenesis, ARV resistance, and other adverse events.
- Conduct followup research on infants born to women who conceive while participating in microbicide clinical trials to evaluate long-term effects of exposures.

## **OBJECTIVE–E: Conduct Microbicide Behavioral and Social Science Research**

Conduct basic and applied behavioral and social science research to inform and optimize the effectiveness of candidate microbicides and MPTs.

### **STRATEGIES**

- Study the sociocultural and behavioral factors (e.g., HIV risk perception, fertility expectation, etc.) associated with product use that may affect the acceptability, effectiveness, and adherence to microbicides.
- Conduct research on acceptability, adherence, and effectiveness of microbicide candidates used in combination with other biomedical, behavioral, and community-level HIV prevention interventions.
- Conduct behavioral and social science research to inform and optimize the development, testing, acceptability, and adherence to topical and systemic microbicides.
- Conduct operations and cost-effectiveness research on behavioral and social science interventions designed to support microbicide implementation.
- Conduct research to understand the behavioral, social, and cultural norms that can affect the scale-up and distribution of microbicide products.
- Conduct studies to provide insight into the motivators, facilitators, and barriers to participation in microbicide research and how they can influence acceptability of and adherence to these prevention products.

## OBJECTIVE–F: Microbicides Infrastructure

Establish and maintain the infrastructure needed to conduct research on microbicides and MPTs.

### STRATEGIES

- Establish and strengthen training and infrastructure for the development of domestic and international institutional capacity for the discovery, development, and clinical study of candidate microbicides.
- Provide research training and career development opportunities for new microbicide investigators involved in HIV and HIV-related research.
- Provide opportunities for collaboration between microbicide researchers, other HIV research scientists, and non-HIV researchers whose work can assist the development and evaluation of microbicides.
- Support the development of GLP, GMP, and Good Clinical Practice requirements for product research and advancement and to enhance clinical testing of candidate microbicides.
- Develop and evaluate strategies for the collaborative involvement of domestic and international community representatives and leaders, regulatory agencies, advocacy groups, and researchers in the planning and implementation of research and the assessment of outcomes from microbicide and MPT studies.
- Conduct research to inform community and countrywide implementation of microbicides.
- Develop and evaluate effective communication strategies for key stakeholders (e.g., communities, researchers, and regulatory agencies) to support all phases of microbicide and MPT research and development.
- Foster strategic and synergistic public and public–private partnerships to support microbicide research and development activities, accelerate product development, and facilitate efficient use of resources.

## AREA OF EMPHASIS

# Behavioral and Social Science

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## FY 2015 RESEARCH PRIORITIES

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- Improve the understanding of complex biological–behavioral, developmental, and social/environmental interactions (including political, economic, and natural events, as well as more localized phenomena such as the specifics of local geography and neighborhoods) that affect HIV transmission risks over the course of exposure, acute infection, chronic infection, and treatment; promote the development and use of research methods needed to capture and analyze these complex interactions, using community-based participatory research where appropriate.
- Conduct translational research (i.e., dissemination, implementation, or operational research) to foster and optimize the use of existing efficacious biomedical, behavioral, and social interventions to prevent, diagnose, and treat HIV infections and to promote access, acceptability, adherence, and continuation along the cascade from prevention to treatment, particularly among those currently underrepresented in such research (e.g., noninjection substance users, men who have sex with men [MSM], and incarcerated individuals).
- Study the continued disparities in HIV infection rates, access to testing and care, and treatment adherence and outcomes that are manifest along racial, ethnic, and socioeconomic lines in the United States and in international settings to identify epidemiologic, sociocultural, geographical, psychosocial, and structural factors that could explain the disparities, and suggest opportunities for novel and targeted interventions to reduce them.
- Foster integration of biomedical and behavioral methods and perspectives to develop and test interventions at structural, environmental, and community levels to reduce transmission and acquisition of HIV, especially focusing on: early intervention methods addressing structural factors that have promise for large, long-term impact; the role of stigma in prevention strategies for specific communities, such as racial and ethnic populations, MSM, youth, women, transgender individuals, and young adults in high-prevalence or high-risk areas; and older adult populations engaging in risk behaviors.
- Evaluate the use of social media, mobile devices, and other rapidly changing platforms for communication, social networking, community building, and partnering as tools to reduce HIV acquisition and transmission through sexual behavior, drug use, and alcohol use, and to improve treatment adherence, recognizing the interdependencies among existing barriers and the need to address multiple levels of interventions.
- Promote the use of laboratory-based behavioral and social methods with human participants to more intensively examine risk behaviors and HIV-related outcomes, to elucidate antecedents and determinants of risk, to clarify behavioral topography, to rigorously examine the role of alcohol and other drugs in risk behaviors, and to understand social forces affecting risk; develop methods to improve the ecological validity of laboratory studies.

- Evaluate approaches to maintaining the highest ethical standards in the conduct of HIV prevention science in order to ensure meaningful informed consent processes, decrease misunderstandings of the implications of clinical trial participation, minimize the risk of inadvertent harm to participants, and promote justice in research through the inclusion of difficult-to-recruit but critical populations.
- Evaluate how providers and at-risk individuals and groups negotiate the increasingly complex HIV prevention and treatment environment, including use of biomedical measures, different testing modalities and treatment regimens, and risk-reduction strategies for which there is currently little documentation of efficacy (e.g., using home-based testing as partner screening and other partner selection algorithms).

## OBJECTIVE–A: Preventive Intervention Research

Conduct research to develop, evaluate, and implement behavioral, social, structural, environmental, and economic interventions that prevent HIV transmission and acquisition by targeting at multiple levels factors known to drive the epidemic.

## STRATEGIES

- Estimate the efficacy, effectiveness, and cost-effectiveness of tailored behavioral, social, and structural interventions to maximize their potential, when deployed singly or in combination, for preventing HIV infections. Apply basic behavioral and social science research to optimize intervention strategies.
- Conduct new research to identify the active components of efficacious, theory-based interventions for broader, sustainable implementation.
- Modify, adapt, or refine existing efficacious behavioral or social HIV prevention interventions to increase their impact and make them more easily administered to segments of the population most vulnerable to the epidemic.
- Study structural and systems-level interventions that seem likely to produce lasting impact over time by addressing the development of risk in youth.
- Develop and evaluate behavioral and social interventions to improve “seek, test, treat, and retain” programs and to enhance the use of HIV diagnosis and treatment for prevention purposes and to improve adherence along the “treatment cascade.”
- Conduct research that addresses victimization history to reduce HIV transmission and acquisition.
- Develop interventions addressing modifiable determinants placing members of population subgroups at greatest risk for HIV transmission and acquisition (e.g., MSM, transgender individuals, ethnic minority heterosexuals, injection drug users, and migrants).
- Continue development of interventions for persons with comorbid psychiatric and physical disorders.
- Conduct studies on medication-assisted substance abuse treatment modalities and access to care (e.g., methadone maintenance, buprenorphine/naloxone, modafinil, naltrexone, and antabuse) alone or in combination with mental health and behavioral interventions, as HIV interventions.
- Examine the impact of widespread antiretroviral therapy (ART) availability on willingness to be tested for HIV, willingness to provide HIV testing, and decreased stigma associated with HIV.
- Conduct research on populations in which epidemiological evidence suggests a need for more effective HIV prevention interventions.
- Conduct intervention research that addresses important determinants of risk among disproportionately affected groups that continue to demonstrate high-risk behaviors. Develop, test, and evaluate interventions that target individuals within prisons, jails, under justice system supervision, or returning to society from correctional settings.
- Develop, test, and evaluate interventions to improve linkage to existing systems of care that serve at-risk populations, including those that address single factors associated with incident HIV infections in isolation (e.g., sexually

## Populations and Contexts

- Develop and test interventions targeted at HIV-infected persons to reduce sexual and drug-use behaviors that confer the greatest risk for HIV transmission.
- Conduct intervention research that addresses the impact of alcohol and/or drugs on sexual encounters that may contribute to HIV transmission and acquisition.

transmitted infection [STI] clinics) and those that do not routinely provide HIV prevention services (e.g., primary care or mental health clinics).

- Foster the development of intervention strategies that adapt rapidly to changes in the epidemic.

## Effectiveness

- Develop, test, and evaluate interventions that target a range or combination of levels of social organization (i.e., individual, dyad, family, network, community, institution, and society) and that examine how these levels interact to affect HIV risk and protective behavior and HIV transmission in different cultural contexts.
- Conduct studies to identify key components of efficacious interventions and processes that facilitate behavior change.
- Conduct research to improve the transfer and scale-up of effective HIV interventions, particularly research on the diffusion, adoption, adaptation, and maintenance of efficacious HIV interventions. Evaluate novel interventions identified as high priority by HIV community-planning groups and other service providers.
- Conduct research on the long-term impact of HIV prevention interventions on individuals and communities (i.e., 5 or more years postintervention).
- Develop and test the efficacy of adaptive preventive interventions, in which different levels of certain prevention components are assigned to different individuals, with levels varying in response to the intervention needs of the individuals.
- Study the impacts of multicomponent interventions that integrate behavioral and social approaches with other perspectives.
- Intensively investigate the outcomes of intervention studies, perhaps in select subjects, to fully understand the natural course of behavior change resulting from the intervention.

## Systems

- Conduct studies to understand and improve the organization, financing, management, access, delivery, cost-effectiveness, and cost-utility of health care (including care for substance abuse and other psychiatric disorders), family reproductive health services, and other services that reduce HIV-risk behaviors and HIV transmission.
- Conduct research to understand and improve comprehensive care that reduces HIV transmission through reducing the fragmentation of HIV prevention, primary medical and dental care, drug and alcohol treatment, mental health treatment, STI treatment, reproductive health services, services for orphans and vulnerable children, and other care services. Conduct research on integrating HIV prevention interventions into addiction treatment settings, with emphasis on behavioral treatments, alone or in combination with pharmacotherapies, for both HIV-infected and -uninfected patients.
- Conduct intervention research on strategies for improving the willingness and capacity of communities to adopt and sustain primary prevention interventions.
- Conduct research to develop flexible, pluripotent prevention intervention strategies for health care delivery systems providing prevention or treatment in other domains, such as family reproductive health services, alcohol and substance use treatment, and psychiatric care.

## Methods

- Design and test behavioral interventions for highly vulnerable segments of the population to increase recruitment, retention, and adherence to protocols for HIV prevention research, including trials studying prophylactic vaccines, access to and use of HIV testing, microbicides, and other biomedical prevention methods.
- Encourage, where appropriate, the use of quasi-experimental designs and the evaluation of natural experiments in domestic and international HIV intervention research.

- Integrate behavioral, social, and biological measures to improve sampling, measurement of risk factors, and evaluation of outcomes, including measures of substance use, recent HIV infection, population-based outcomes (e.g., seroepidemiology), recent sexual exposure, and STIs, with the overall goal of increasing the reliability and validity of measurement and sampling in prevention research.
- Conduct behavioral intervention studies that include HIV seroincidence data and other biologic markers as outcome measures.
- Foster development of new, rigorous approaches for sampling “hidden” or “difficult to reach” populations in intervention studies.

## OBJECTIVE–B: Basic Behavioral and Social Science Research

Conduct basic social and behavioral research on factors influencing HIV risk and on the consequences of HIV disease: Conduct basic social and behavioral research to strengthen understanding of the determinants, processes, and cultural and contextual issues influencing HIV-related risk and protective behaviors and the consequences and impact of HIV disease, including treatment for and management of HIV infection. This includes domestic and international research that examines the societal, community, organizational, social network, dyadic, and individual barriers to and facilitators of the adoption and utilization of effective preventive and treatment interventions across the life course.

## STRATEGIES

### Continuing Critical Areas

- Conduct basic research to better understand the impact of HIV preventive and therapeutic regimens on treatment adherence for HIV and co-occurring infections, sexual risk behaviors, drug-related risk behaviors, and psychosocial adaptation (i.e., improved quality of life).
- Examine genetic, epigenetic, neurobiological, cognitive, motivational, and other mechanisms that underlie HIV-risk behaviors and health decisionmaking.
- Develop new models of behavior change that integrate biological, psychological, and social perspectives to explain and predict the adoption and maintenance of HIV-risk and HIV-protective behaviors among vulnerable populations.
- Conduct theory-building studies developed in the context of HIV prevention research, as well as evaluation of theories originally developed for other contexts (e.g., drug and alcohol abuse prevention, family reproductive health, and interpersonal social skill development) to see how they can inform HIV prevention research.
- Elucidate genetic and epigenetic factors associated with risk behaviors and behavior change.

### Consequences of HIV Disease

- Conduct (nonintervention) research on the decisionmaking processes and behaviors of health care workers regarding the offering of HIV counseling, testing, and other prevention services, as well as the prescription of HIV disease treatments, to those in need of HIV services and care; investigate the relationships between the health care workers' decisions and those of patients, family members, and community members.
- Conduct research concerning the health and life course of children, including orphans, affected by HIV. This research should include early identification and assessment of affected children for physical, psychological, and social consequences.
- Identify the neurobiological, behavioral, cognitive, social, and economic consequences of HIV disease for HIV-seropositive individuals (including children), their support systems (e.g., partners, family members, and other caregivers), health care systems, and communities.
- Conduct research on the economic and social implications for retired and older individuals who provide support and care to younger family members or friends with HIV/AIDS and their dependents, including studies of the support systems that may be in place for such individuals.
- Conduct behavioral research to study end-of-life transition strategies for patients with AIDS and their caregivers.

- Conduct interdisciplinary research, involving behavioral and biomedical scientists, to determine the relationships among stress, mood disorders, immune system functioning, and HIV infection, and to examine the psychosocial and physiological factors affecting those relationships.
- Conduct studies on animal models of behavior and behavioral change relevant to HIV infection and prevention; in particular, conduct behavioral neuroscience and neuropsychological research to determine the brain/behavior changes associated with exposure to HIV, the effects of HIV exposure on social behaviors (e.g., mother–infant attachment and peer interactions), and behavioral changes in relation to comorbidities of HIV and substance use and addiction.
- Conduct research on the impact of HIV and its clinical course on aging and adult development, with attention to the consequences of accelerated physical aging that may accompany HIV disease and its clinical course.
- Conduct multidisciplinary research that investigates the biobehavioral and sociobehavioral determinants of sexuality, including processes of sexual and gender identity formation, as they relate to HIV risk.
- Conduct research on partner selection and relationship dynamics, including how partner choice, partner formation, relationship development, concurrency, sero-sorting, and partner stability change over the life course and affect HIV risk and HIV-related behavior; studies should examine psychological, cultural, and social factors that influence these phenomena. Interactions of alcohol/drug use with partner selection and demographic trends in partnering, as related to HIV risk, also should be addressed.
- Conduct multidisciplinary research that investigates biobehavioral and sociobehavioral determinants of injection drug use and the transition from noninjection to injection drug use as they relate to HIV transmission; such research also may include studies that investigate the relationship between any drug use and sexual risk behaviors.

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## Prevention

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- Study the acquisition and maintenance of HIV-related risk and protective behaviors associated with HIV transmission or disease progression in specific social and cultural contexts, such as the sexual dyad, peer groups, social and substance-using networks, families, and communities. This may include studies of HIV risk, transmission, and progression as related to cultural norms that affect disempowerment of and violence toward women.
- Study HIV risk changes over time as a function of changes in the perceived severity of or susceptibility to HIV disease and developmental and life-course events (e.g., adolescence, childbearing, marriage or entry into other committed partnership, divorce and separation, and aging).
- Conduct research on decisionmaking processes that relate to sexual and drug-related risk-taking across the life course.
- Conduct research on individual social and cultural differences in human sexuality that have an impact on the sexual transmission of HIV; such research may include studies that examine how sexual behavior is affected by substance use and abuse, sexual abuse or coercion, developmental processes, and the formation and dissolution of intimate relationships.
- Study the social, structural, cultural, and demographic factors (e.g., socioeconomic status, marital status, ethnicity, sexual identification, gender identification, age, and gender) that influence HIV-related behavior.
- Conduct research to understand how and whether communities engage in HIV preventive interventions, including studies to determine how to better ensure the use of prevention research findings by communities and public health entities in the United States and abroad.
- Conduct research that investigates the impact of structural issues on HIV transmission and acquisition.

- Conduct research that identifies the social and behavioral factors affecting recruitment, retention, and adherence to prevention interventions, including clinical trials of HIV-related vaccines, microbicides, and therapeutics.
- Conduct behavioral and social research on the acceptability, initiation, and use of biomedical and barrier HIV prevention methods and determine their impact on adherence to risk-reduction guidelines.
- Conduct behavioral and social research on the acceptability, initiation, and use of methods for HIV screening, counseling, and testing, and determine their impact on adherence to risk-reduction guidelines.
- Conduct behavioral surveillance research that measures changes, especially as a function of the diffusion of information and Internet use, in norms, attitudes, and expectancies regarding behaviors associated with HIV transmission and acquisition.
- Conduct research to identify how alcohol use (e.g., binge drinking trends) affects HIV risk among selected age groups.
- Study factors that enhance or preclude partner notification and the impact of partner notification on HIV testing and risk reduction.
- Evaluate consequences of coercive sex, sexual violence, and interpersonal violence on concurrent and subsequent sexual and drug use risk behaviors, with consideration of how intervention can mitigate or prevent coercion, violence, and their consequences.
- Evaluate the impact of assortative and dissortative mixing on HIV transmission rates, and identify modifiable factors related to these patterns of mixing.
- Conduct clinical studies on the role of alcohol in risk for HIV, including studies that provide evidence on the ecological validity of various experimental designs.
- Utilize clinical studies to better define risk behaviors and to inform prevention studies regarding points of intervention or measurement of variables (e.g., cues) associated with risk behaviors.

## OBJECTIVE–C: Consequences of HIV Infection

Conduct treatment, health, and social services research for people infected with and affected by HIV: Study the development, evaluation, diffusion, and adoption of strategies to increase early identification of HIV infection; to improve treatment adherence; and to prevent or minimize the negative physical, psychological, cognitive, and social consequences of HIV infection, including stigmatization of persons with or at risk for HIV infection. Foster research strategies for promoting effective health care utilization among all persons with HIV infection and for promoting modifications in the health care delivery system to develop more effective, socially appropriate, and culturally sensitive methods to better serve treatment needs of infected populations, both domestically and internationally.

## STRATEGIES

### Treatment and Care

- Develop and test interventions to modify the practice behaviors and decisionmaking processes of health care providers to improve the quality of screening, diagnostic, counseling, and treatment services for HIV-infected persons.
- Conduct research on adherence to treatment regimens, including studies on communication techniques to improve shared decisionmaking between health care providers and HIV-infected individuals; issues such as how and when to initiate, interrupt, or cease therapy; and behavioral strategies to manage symptoms secondary to treatment protocols.
- Study how providers, policymakers, and at-risk individuals and groups negotiate the complex HIV care environment, including use of research-based and non-research-based risk-reduction strategies.
- Promote research to identify and remove barriers to effective health care utilization among persons with HIV infection, including barriers associated with fear and stigmatization that affect access, linkage, engagement, followup, and adherence to health and social services across the care continuum (e.g., early identification of HIV infection, testing and counseling, health-care-seeking behavior, adherence, case management, and home/hospice care) and across the life course (i.e., from childhood to old age).
- Develop and test interventions to increase recruitment, adherence, and retention in HIV/AIDS clinical trials and care by HIV-infected persons from all vulnerable populations, with special attention to developmental and life-course issues.
- Conduct health services research and evaluation research to determine the impact of changes in the health care delivery system on HIV/AIDS care.
- Conduct research to foster more effective participation in treatment planning, decisionmaking, and formulating advance directives by patients with HIV and their families.
- Conduct research on the special factors affecting adherence in older seropositive persons and medical decisionmaking in the care of older seropositives.

### Biopsychosocial Consequences

- Develop and evaluate interventions to prevent the adverse psychological and social consequences of HIV infection and to assist HIV-affected populations in coping with HIV infections, maintaining quality of life, and avoiding engagement in HIV-related risk behaviors.
- Test interventions to address the neuropsychological, neurodevelopmental, and psychiatric sequelae of HIV infection.

- Develop and evaluate interventions to minimize the impact of stigmatization on HIV-infected persons, including on their decisions regarding treatment and quality of life.
- Test interventions designed to support formal and informal caregivers and family members of HIV-infected persons in order to prevent, for example, depression and burnout.
- Conduct research to enhance the quality of life and minimize the impact of pain, fatigue, physical symptoms, and treatment side effects and to integrate effective palliative care throughout the course of treatment for all people living with HIV and AIDS.

## OBJECTIVE–D: Research Methods

Improve the quality of behavioral and social science methodology in HIV research: Conduct research to advance innovative quantitative and qualitative methodologies to enhance behavioral and social science on HIV prevention and care, and to address pressing ethical issues in the conduct of such research.

### STRATEGIES

#### Measurement

- Use state-of-the-art methodologies, such as item response theory and computer adaptive testing, to measure patient-reported outcomes.
- Develop improved methodologies for collection and analysis of quantitative and qualitative data—including methods for obtaining and validating self-report data, culturally appropriate standardization of measurement tools for surveys, and the measurement of change over time—based on an assessment of the current status of qualitative and quantitative methodologies for studying behavioral and social factors associated with HIV and AIDS.
- Develop and strengthen research instruments that are culturally and linguistically appropriate for subpopulations (e.g., HIV-infected children, sexual minorities, the elderly, and incarcerated populations) and that reflect age-appropriate concerns.
- Develop and refine techniques for measuring social networks associated with HIV transmission.
- Develop and refine techniques for studying the use of digital technology, social media, and other innovations and their association with HIV transmission.
- Integrate behavioral, social, and biological measures to improve sampling, measurement of risk factors, and evaluation of outcomes, including measures of substance use, recent HIV infection, recent sexual exposure, and sexually transmitted diseases.
- Develop improved methods for the reliable and valid collection of sensitive information regarding sexual and drug-use risk behaviors.
- Develop and/or adapt innovative substance abuse assessment approaches.
- Assess new methodologies for testing the efficacy of environmental-level (e.g., laws and policies) interventions for reducing HIV risk.
- Conduct research to determine under what circumstances each of the following outcome measures—alone or in combination—is appropriate to use: self-report measures, HIV infection, and other disease outcomes, such as other STIs and blood-borne diseases.
- Develop improved qualitative approaches to theory building and to measurement of HIV-related behaviors, behavioral change, and factors that influence behavior and behavioral change.
- Develop improved approaches to formulate, integrate, and analyze theories founded on qualitative and quantitative observations.
- Develop and refine outcome measures and indicators appropriate for the evaluation of social policy and the societal impact of HIV prevention and treatment interventions.
- Develop new or improve existing adherence measures to more accurately measure adherence to treatments or to prevention protocols.

#### Modeling

- Develop and refine mathematical models for linking behavioral change interventions with a reduction in HIV transmission at different levels of seroprevalence.

- Improve methods for forecasting and modeling AIDS caseloads, health care needs, and health care utilization under different treatment and survival scenarios and for forecasting and modeling prevention services needs. Greater consideration needs to be given to probabilistic relationships among risk factors and other contributing variables, as well as practical constraints in the implementation and uptake of interventions.
- Develop and refine models of potential efficacy of environmental-level (e.g., laws and policies) interventions for reducing HIV risk.
- Develop and refine models of potential efficacy of network and dyad-level interventions for reducing HIV risk.

### Design and Statistical Analysis

- Develop improved methods for sampling subpopulations (e.g., children, homeless persons, drug users, the elderly, sexual minorities, adolescents, and MSM of color) and spatial units (e.g., migration routes, drug or human trafficking routes, and political jurisdictions of interest), with particular attention to “hidden” or “hard to reach” populations.
- Research strategies for recruiting difficult-to-reach but critical populations, such as MSM, racial and ethnic populations, transgenders, women, adolescents, and other underaddressed or insufficiently understood groups, to better understand how to involve them in relevant research projects.
- Develop or adapt from other fields improved and innovative methods and techniques for conducting and analyzing longitudinal studies of at-risk and HIV-infected populations, including improved participant retention strategies; statistical methods for dealing with participant attrition, missing data, and non-normal distributions; and methods for measuring and analyzing nonlinear patterns of behavior change.
- Foster the development and dissemination of design alternatives to the randomized controlled trial that permit cost-effective evaluation of combination intervention strategies that simultaneously target factors that increase risk for HIV transmission or acquisition.
- Foster the development, maintenance, and use of shared databases that will enhance the ability to identify and detect significant interactions between and within a variety of behavioral domains and also to identify the role of behavioral actions as mediators of biological outcomes of importance in HIV research.

### Ethics and Other Issues

- Evaluate the effects of legal and ethical constraints on methods of HIV research and service delivery, particularly among vulnerable or special populations.
- Use behavioral and social research methods to investigate factors associated with particular ethical and legal principles in research design (e.g., competence to provide consent, prevalence of adverse events, and associated remedies).
- Develop and refine research techniques to advance new studies as required by epidemiologic findings on HIV transmission. Encourage secondary data analysis; develop approaches to protect and document confidentiality.
- Develop and test an ethical framework for the use of biomedical interventions (e.g., ART) for HIV prevention that encompasses issues such as misconceptions of the preventive efficacy of experimental products, ensuring informed consent over the course of longitudinal studies, and the provision of products for HIV prevention that may not be available to persons living with HIV.
- Foster research designs that will be able to uncover the mechanisms of action in successful interventions that may be transferred and applied elsewhere.
- Evaluate the ethical considerations related to control groups and various approaches for comparison groups in clinical trials, examining the content and constructs utilized.

## AREA OF EMPHASIS

# Treatment as Prevention

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### FY 2015 RESEARCH PRIORITIES

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- Develop safe, effective, feasible, and conveniently administered strategies for the prevention of HIV transmission, including mother-to-child transmission (MTCT), with a focus on resource-limited settings and a special emphasis on breastfeeding transmission.
- Evaluate the mechanisms of treatment failure and develop novel strategies to maintain long-term undetectable viral load in HIV-infected individuals in domestic and international settings and to evaluate the impact of these strategies on the prevention of HIV transmission.

## OBJECTIVE–A: Approaches To Interrupt Vertical Transmission and Preserve Maternal Health

Develop and assess strategies to prevent MTCT, with emphasis on strategies to prevent transmission through breastfeeding and short- and long-term effects of interventions for preventing MTCT on the health of women and infants.

### STRATEGIES

#### Mechanisms of Transmission

- Investigate the mechanisms and timing of MTCT to facilitate and develop targeted drugs and strategies that further decrease MTCT or provide alternatives to currently identified effective strategies, including passive and active immunization strategies.
- Evaluate the effects of acute HIV infection during pregnancy and lactation on MTCT.
- Investigate risk factors (e.g., immune, viral, and host-related, including infant microbiome and premastication) associated with transmission of HIV *in utero* and peripartum through breast milk.
- Develop reproducible, sensitive, and specific assays to detect and quantitate the amount of cell-free and cell-associated virus in breast milk and in oral and genital fluids.
- Evaluate the pharmacokinetics and safety of antiretroviral (ARV) drugs in pregnant women and their fetuses/infants, and the penetration of ARV drugs into breast milk and genital fluids.
- Evaluate strategies for reducing MTCT when maternal antepartum and intrapartum antiretroviral therapy (ART) is not given or available (e.g., postpartum prophylaxis of the infant only) and for preventing MTCT in the setting of acute maternal infection during pregnancy or breastfeeding.
- Evaluate and validate safe conception strategies for both serodiscordant and seroconcordant couples, including use of pre-exposure prophylaxis (PrEP), sperm-washing, in vitro fertilization, and other novel methods.

#### Interventions and Trials To Evaluate Interventions To Prevent Transmission

- Develop and evaluate novel strategies for preventing transmission of HIV from pregnant women to their offspring, and evaluate the impact of those strategies on maternal health and treatment options; such strategies may include long-acting antiviral agents, novel delivery methods, anti-HIV immunoglobulin, monoclonal antibodies, agents targeted to cellular targets (e.g., blocking cytokine receptors), cell- and gene-based strategies, HIV vaccines, and adjuvants.
- Develop safe, affordable, and conveniently administered strategies to prevent MTCT in resource-limited nations, including specific strategies to maintain HIV-free survival of breastfeeding infants.
- Conduct research and development of new clinical trial designs, statistical methodologies, and investigation of biologic markers, surrogates, and/or other outcomes to evaluate the activity, clinical efficacy, or reasons for failure of new agents and approaches in prevention of mother-to-child transmission (PMTCT).
- Use and/or develop suitable animal models to evaluate novel strategies to prevent transplacental and postpartum breastfeeding transmission of HIV, and to evaluate transplacental passage of ARV agents and their effects on placental function and on fetal development and viability.

### Issues Related to ARV Drug Resistance

- Evaluate the effects of pre-existing viral drug resistance in pregnant women on the effectiveness of ARV regimens to prevent MTCT.
- Determine optimal ways to assess adherence to ARV regimens in pregnant and postpartum women and association of adherence with development of viral drug resistance in the mother (and infant, if infected).
- Evaluate the risk for the development of HIV variants with detectable ARV drug resistance in pregnant women who receive different types of ARV prophylactic regimens and in their infants, and the kinetics and durability of such resistance in cell-free and cell-associated virus in plasma, breast milk, and genital secretions. Determine optimal ARV regimens that minimize the development of ARV drug resistance in the mother (and infant, if infected).
- Evaluate the effects of developing drug resistance following ARV prophylaxis on the health and response to future ART in women, including the impact on PMTCT for future pregnancies, and in infants who become infected with HIV despite prophylaxis.
- Evaluate the potential mechanisms for possible carcinogenic or mutagenic effects of *in utero* ARV exposure.
- Evaluate the pathogenesis of potential ARV toxicities (e.g., mitochondrial toxicity and bone toxicity) in uninfected, HIV-exposed infants with perinatal ARV exposure, and develop animal models or laboratory assays that might be predictive of such effects with exposure to an individual ARV agent alone or in combination with other ARVs.
- Develop better clinical algorithms and laboratory assays to diagnose/assess mitochondrial toxicity associated with ARV exposure in infants and children.
- Develop studies that assess the long-term effects of *in utero* and/or postpartum exposure to ARVs on both HIV-infected and -uninfected children, both domestically and internationally.

### Issues Related to Short- and Long-Term Effects of ARV Prophylaxis for Reducing MTCT

- Evaluate whether pregnancy increases the risk of potential ARV toxicities, the pathogenesis of such toxicities in pregnancy, and clinical findings or laboratory assays that might be predictive of such effects.
- Study the effects of ARV regimens used during pregnancy for treatment of maternal HIV disease on maternal health and pregnancy outcome.
- Evaluate the short- and long-term clinical, immunologic, and virologic effects of receiving ART during pregnancy and breastfeeding and stopping after transmission risk has ceased if the woman does not require ART for her own health—as per adult guidelines for non-pregnant adults—versus initiation of life-long ART in pregnancy regardless of CD4 count or clinical stage.
- Develop and evaluate strategies for implementation of effective perinatal transmission prevention interventions in resource-limited countries, including ways to increase availability and acceptability of prenatal HIV testing and of ARV prophylaxis to prevent MTCT.
- Develop and evaluate rapid and improved diagnostic procedures to allow the earliest possible determination of HIV infection in infants, especially in resource-limited settings, and assess whether ARV and/or immunopreventive therapies affect the timing and sensitivity of these assays for diagnosis.
- Develop innovative methodologies for resource-limited countries to evaluate the impact of maternal ART (particularly ART being received at the time of conception and throughout pregnancy) on pregnancy outcome and birth defects.
- Evaluate the cost- and population-effectiveness and public health impact of programs to prevent MTCT.

### Implementation Issues

## OBJECTIVE–B: Therapeutic Approaches To Prevent Horizontal Transmission

Evaluate the impact of ARV and immunotherapeutic strategies and their roles in the prevention of horizontal HIV transmission (e.g., sexual, noninjection drug use, or injection drug use transmission) in appropriate domestic and international settings.

### STRATEGIES

#### Mechanisms of Transmission

- Evaluate the influence of drug resistance on the efficacy of ARV regimens to prevent sexual transmission.
- Evaluate changes in the microbiome, mycobiome, and virome in HIV-infected individuals, including potential effects on HIV transmission and the effects of treatment on the microbiome, mycobiome, and virome.
- Develop and/or use suitable preclinical models and clinical studies to evaluate genital, anal, and oral passage of cell-free and cell-associated virus and ARVs.
- Evaluate the influence of systemic HIV treatment on viral shedding in the anogenital tract, as well as the biodistribution of ARVs in the genital tract based on age and sex.
- Evaluate the impact of anti-STI (sexually transmitted infection) treatment on transmission of HIV and HIV shedding in the oropharyngeal or anogenital tracts.
- Develop novel tools and approaches to understand HIV and/or prevention agent interaction with genital, gastrointestinal, or oropharyngeal tract cells and tissues and the mechanisms of HIV transmission in these tissues.

#### Interventions To Reduce Transmission

- Support domestic and international collaborative efforts to conduct trials of ARV, immunotherapeutic, and other treatment interventions to prevent horizontal transmission in acute and chronic infection, including studies in adolescents/young adults.

- Develop and evaluate strategies for reducing the risk of sexual transmission of HIV without compromising treatment of the HIV-infected individual; such strategies may include ARVs, therapeutic vaccines, monoclonal antibodies, and immunotherapeutic agents, alone or in combination.
- Develop delivery systems for non-topical agents to prevent HIV transmission, including postexposure prophylaxis (PEP), PrEP, and other ARV methods of prevention.

#### Issues Related to ARV Interventions

- Evaluate the complications of PrEP and PEP and the risk for developing ARV drug resistance (in cell-free and cell-associated virus, and in sequestered genital or anorectal sites) when using ARVs in interventions to reduce horizontal transmission.
- Evaluate the public health impact of ARVs on reducing horizontal transmission.
- Develop the methodology and metrics to assess the outcomes of “test and treat” regimens.
- Identify surrogate markers for PrEP safety and efficacy.
- Develop novel approaches to evaluate data on PrEP and exposure in occupational settings.
- Develop implementation strategies to assess the feasibility and sustainability of PrEP and treatment as prevention within specific high-risk target populations, including studies on cultural barriers and facilitators, factors affecting adherence, treatment effectiveness, and cost-effectiveness.

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## Adherence

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- Support research on the effectiveness of pharmacological approaches, behavioral interventions, and other approaches to improve adherence to ARV regimens and retention in care.
- Develop improved methods and surrogate markers to assess and enhance adherence to treatment regimens across a variety of affected populations; compare and validate adherence measures in the context of HIV treatment.